

## **CONTRACTOR/VENDOR EMS ASSESSMENT**

Contractor/Vendor Name:
Performance Period:
Describe Activity:
<b>Regulated by</b> : $\square$ unregulated $\square$ L.E.A. $\square$ R.W.Q.C.B. $\square$ A.P.C.D. $\square$ Other
Comments:
Describe Significant Aspects/Impacts (water use, emissions, haz mat, etc.)
Contractor/Vendor EMS Brief required? □ Yes □ Not Required
Date Completed:
Competency Verified: □ Education □ Training □ Experience
Name of Person Completing Form:
Title:
Signature: Return to EMR at MS 1103A

City of San Diego Environmental Services Department Refuse Disposal Division

Contractor/Vendor EMS Assessment Document Number: RDD-F- EMS-08, Revision -0 Effective Date: November 15, 2005